



Virginia Public Guardian Program

REFERRAL FORM

Eligibility Criteria: To be eligible for services through the Virginia Public Guardian Program, an individual must be over the age of 18, and a court must have determined the individual to be incapacitated, indigent, and without anyone suitable, willing, and able to serve as their guardian. Poor judgment is not a sufficient reason for a court to appoint a guardian. Less restrictive alternatives must have been ruled out. Additional information is available on the [Public Guardian Program website](#).

Please read the referral form before completing it, paying close attention to the section on Alternatives to Guardianship starting on page 4. If you need more space to respond than is provided on the form, you may either continue your response on page 5 or attach additional pages.

Are you a CSB Support Coordinator or BHA Case Manager?

*If YES ⇒ Refer to the **Special Instructions** at the bottom of this page.*

*If NO ⇒ Follow the **Standard Instructions**.*

Standard Instructions

1. Determine which program serves the geographic area where the referred person lives or will be living. Attached to this referral form is a list of Local Public Guardian Programs (“Local PGPs”) and referral catchment areas. You may also click [here](#) for an alphabetical list of localities and the programs serving them. If you have questions, feel free to contact the program before submitting the referral.
2. Email the referral to the program. (If you choose to mail it instead, please keep a copy.) Attach any additional documents you believe would be helpful. The program director may contact you with follow-up questions. Each Local PGP has limited slots, so the individual may be placed on a waitlist.
3. If the referred individual is offered a slot, you will need to engage an attorney to prepare the petition and manage the legal process. The Local PGP can provide information about this process and the availability of any financial assistance for attorney’s fees.

Important: Do not engage an attorney or start the court process unless the individual is offered a slot.

Special Instructions

for CSB Support Coordinators and BHA Case Managers

The program has slots reserved for individuals who meet the eligibility criteria described above *and* were diagnosed with an intellectual disability prior to age 18 or a developmental disability prior to age 22. The Department of Behavioral Health and Developmental Services maintains the waitlist for these slots. If your client qualifies, this [site](#) has important information and instructions for submitting a referral.

Virginia Public Guardian Program Referral

Please read the important information on the page above before completing this form.

REFERRING PARTY			
Your Name:		Title:	
Agency/Organization (if applicable):		Mailing Address:	
Phone Number(s):	Email Address:	For CSB employees—your Supervisor's Name and Title:	
Please indicate whether you believe the referred person needs a public guardian, public conservator, or both, and explain why.			
INFORMATION ABOUT THE REFERRED INDIVIDUAL			
Demographics			
Full Name:		Date of Birth:	Place of Birth:
Gender:	Social Security Number:	Marital Status:	Race:
Was the individual diagnosed with an Intellectual Disability before age 18 or a Developmental Disability before age 22? If yes, please provide the diagnosis on p. 3.			
Citizenship/Immigration Status:		Preferred language:	
Current street address, city, state, zip code, and county :		How long at this address:	
Type of residence/living situation:		Phone Number:	
Permanent address (if different from above) and residence type:		How long at this address:	
Are there plans for this person to move?	If "Yes," please give details, including the area and timeframe:		

Family/Friends									
Identify family members and non-family supports who have contact with or participate in the care of the individual:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; padding: 5px;">Name & Relationship</th> <th style="width: 40%; padding: 5px;">Contact Information</th> </tr> </thead> <tbody> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> </tbody> </table>	Name & Relationship	Contact Information						
Name & Relationship	Contact Information								
Health Insurance									
Identify all active types of health insurance Medicaid - Member #: Medicare - Member #:	Details of other health insurance coverage:								
Financial Resources									
<i>Income</i>									
Monthly gross income: Mark all sources of income that apply: Social Security Disability (SSDI) Social Security Retirement (SSA) Supplemental Security Income (SSI) Veterans Benefit	Employment income — monthly gross: Employer: Other sources — monthly gross: Please specify type(s)—e.g., pension, alimony:								
<i>Other Benefits</i>									
Medicaid Waiver: Type:	Housing Assistance? Type (e.g., Auxiliary Grant, Section 8):								
<i>Bank Accounts and Assets</i>									
To assist in the determination of financial eligibility, please provide information about the referred person's bank account balance, cash resources, and any other known assets—for example, a home or other real estate, an automobile, investment accounts, IRA, life insurance, or trusts. Provide the address of any real estate, if known.									

Medical & Mental Health Issues

Diagnoses and medical conditions affecting the individual's **mental capacity** and need for a guardian/conservator, such as intellectual or developmental disability, mental illness, stroke, brain injury, etc.:

Other current conditions or diagnoses (physical and mental health) and a description of symptoms or severity:

Substance abuse history and current usage:

Psychiatric hospitalizations during the past five years (including dates, if known):

If the individual has a Support Coordinator or Case Manager who is not the referring party identified on page 1, provide the name, agency, and contact information.

	Name & Type or Specialty	Practice or Group Name and City
Physicians and mental health providers who have provided services in the past 12 months:		

Legal/Criminal History

If there are any pending legal proceedings, provide the type, jurisdiction, and upcoming court dates:

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List criminal arrests and convictions (include jurisdictions and dates, if known), and describe any history of violent, destructive, or threatening behavior:

Alternatives to Public Guardianship

If there is currently a private guardian, conservator, or both, check the applicable box(es) and provide contact information. Also, explain the guardian/conservator's relationship to the referred individual (e.g., family member, friend, professional) and the reason they will not continue to serve in this role.

Guardian

Conservator

What is the extent of involvement of family and friends in the referred person's life? Please explain why these individuals have been ruled out as a potential guardian and/or conservator.

Is there a Power of Attorney?

If "Yes," provide name and contact information of agent:

Is there an Advance Health Care Directive (Medical Power of Attorney)?

If "Yes," provide name and contact information of agent:

Is there an Advance Directive (living will)?

If "Yes," provide name and contact information of agent:

Is there a Social Security Representative Payee or Bill Paying Service?

If "Yes," provide name and contact information:

Given that public guardianship is the option of last resort and involves the loss of most rights, have all less restrictive alternatives, including informal supports and Supported Decision Making, been ruled out? (See https://vacourts.gov/courts/circuit/resources/guardian_options_pamphlet.pdf.)

Assessments/Evaluations

Indicate whether either of the following types of assessments/evaluations have been completed during the past twelve months. If so, please provide a copy.

Universal Assessment Instrument Professional Capacity Evaluation CSB Assessment of Capacity

Other Important Information

Use this space to continue your response to any question above or to provide additional information that may be useful in determining the need for public guardianship and/or conservatorship. If you prefer, you may attach a Word document, but please state here that you are doing so.

Duplicate referrals: If the individual lives in the catchment area of more than one Local Public Guardian Program and you are submitting duplicate referrals, please check this box.

Referral submission date:

FOR LOCAL PGP USE ONLY

Referral reviewed by:

Date received:



Virginia Public Guardian Program
Contact Information and Referral Catchment Areas for
Local Public Guardian Programs

Each Local Public Guardian Program operates under contract with [DARS](#) and accepts referrals for individuals living within a designated catchment area, as indicated below.

[Alphabetical list of localities and the programs serving them](#)

[More information about the Virginia Public Guardian Program and referral criteria](#)

Local Public Guardian Programs	Referral Catchment Area <i>Areas in bold are served by more than one program.</i>
<p>Alleghany Highlands Community Services Public Guardian Program 543 Church St Clifton Forge, VA 24422</p> <p>Program Director: Amanda Webb Phone: (540) 863-1620 Referral email: AWebb@ahcsb.org</p>	<p><u>Counties:</u> Alleghany, Bath, Highland, Rockbridge</p> <p><u>Independent Cities:</u> Buena Vista, Covington, Lexington</p>
<p>Appalachian Agency for Senior Citizens Public Guardian and Conservator Program PO Box 765 Cedar Bluff, VA 24609</p> <p>Program Director: Leslie Hughes Phone: (276) 971-0834 Referral email: Guardianship@aasc.org</p>	<p><u>Counties:</u> Buchanan, Dickenson, Russell, Tazewell</p>
<p>The Arc of Northern Virginia’s Public Guardianship of Last Resort Program 3060 Williams Dr, Suite 300 Fairfax, VA 22031</p> <p>Program Director: Shannon Bond-Young Phone: (571) 538-8496 Referral email: PublicGuardianship@thearcofnova.org</p>	<p><u>Counties:</u> Arlington, Fairfax, Prince William</p> <p><u>Independent Cities:</u> Alexandria, Fairfax, Falls Church, Manassas, Manassas Park</p>

Local Public Guardian Programs	Referral Catchment Area <i>Areas in bold are served by more than one program.</i>
<p>Bridges Public Guardianship Program P.O. Box 1310 Fredericksburg, VA 22402</p> <p>Program Director: Carol Ewing Phone: (540) 899-3404 Referral email: CarolEwingBridges@gmail.com</p>	<p><u>Counties:</u> Albemarle, Augusta, Caroline, Clarke, Culpeper, Essex, Fauquier, Fluvanna, Frederick, Greene, King George, Lancaster, Louisa, Loudoun, Madison, Mathews, Middlesex, Nelson, Northumberland, Orange, Page, Prince William, Rappahannock, Richmond, Rockingham, Shenandoah, Spotsylvania, Stafford, Warren, Westmoreland</p> <p><u>Independent Cities:</u> Charlottesville, Fredericksburg, Harrisonburg, Staunton, Waynesboro, Winchester</p>
<p>Catholic Charities of Eastern Virginia Public Guardianship Program 1132 Pickett Rd Norfolk, VA 23502</p> <p>Program Director: Yashica James Phone: (757) 782-3051 or (757) 875-0060 x2007 Referral email: PublicGuardianship@cceva.org</p>	<p><u>Counties:</u> Accomack, Gloucester, Greensville, Isle of Wight, James City, Mathews, Northampton, Southampton, Surry, York</p> <p><u>Independent Cities:</u> Chesapeake, Emporia, Franklin, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, Williamsburg</p>
<p>Commonwealth Catholic Charities Public Guardian Program 1601 Rolling Hills Dr Richmond, VA 23229</p> <p>Program Director: Danah Kaigler Phone: (804) 874-8920 Referral email: CCCPublicGuardianship@cccovva.org</p>	<p><u>Counties:</u> Amelia, Brunswick, Buckingham, Charles City, Charlotte, Chesterfield, Cumberland, Dinwiddie, Goochland, Hanover, Henrico, Lunenburg, New Kent, Nottoway, Powhatan, Prince Edward, Prince George, Sussex</p> <p><u>Independent Cities:</u> Colonial Heights, Hopewell, Petersburg, Richmond</p>
<p>District Three Public Guardian Program 4453 Lee Highway Marion, VA 24354</p> <p>Program Director: Jamie Sprowles, Phone: (276) 783-8157 Referral email: guardianship@district-three.org</p>	<p><u>Counties:</u> Bland, Carroll, Floyd, Giles, Grayson, Montgomery, Pulaski, Smyth, Washington, Wythe</p> <p><u>Independent Cities:</u> Bristol, Galax, Radford</p>

Local Public Guardian Programs	Referral Catchment Area <i>Areas in bold are served by more than one program.</i>
<p>Family Service of Roanoke Valley Public Guardian and Conservator Program 360 Campbell Avenue SW Roanoke, VA 24016</p> <p>Program Director: Maggie Evans Phone: (540) 795-4651 Referral email: mevans@fsrv.org</p>	<p><u>Counties:</u> Amherst, Appomattox, Bedford, Botetourt, Campbell, Craig, Franklin, Roanoke</p> <p><u>Independent Cities:</u> Lynchburg, Roanoke, Salem</p>
<p>Jewish Family Service of Tidewater Public Guardian and Conservator Program 5000 Corporate Woods Dr, Suite 300 Virginia Beach, VA 23462</p> <p>Program Director: Dorothy Salomonsky Phone: (757) 938-9130 Referral email: JFST-PGP@JFShamptonroads.org</p>	<p><u>Counties:</u> Gloucester, Halifax, Henry, Isle of Wight, James City, King & Queen, King William, Mathews, Mecklenburg, Middlesex, Patrick, Pittsylvania, Southampton, York</p> <p><u>Independent Cities:</u> Chesapeake, Danville, Franklin, Hampton, Martinsville, Newport News, Norfolk, Poquoson, Portsmouth, South Boston, Suffolk, Virginia Beach, Williamsburg</p>
<p>Mountain Empire Older Citizens Public Guardian and Conservator Program 1501 3rd Ave East P.O. Box 888 Big Stone Gap, VA 24219</p> <p>Program Director: Angela Peters Phone: (276) 523-4202 Referral email: info@meoc.org</p>	<p><u>Counties:</u> Lee, Scott, Wise</p> <p><u>Independent City:</u> Norton</p>
<p>The Span Center Public Guardian Program* 1300 Semmes Ave Richmond, VA 23224 <i>*formerly Senior Connections Public Guardian Program</i></p> <p>Program Director: Shanika Stubbs Phone: (804) 343-3000 Referral email: PublicGuardianship@youraaa.org</p>	<p><u>Counties:</u> Charles City, Chesterfield, Goochland, Hanover, Henrico, New Kent, Powhatan</p> <p><u>Independent City:</u> Richmond</p>